

| POSITION                  | INITIALS  | ID NO.       | DATE           |
|---------------------------|-----------|--------------|----------------|
| FEE DETERMINATION         | <i>hs</i> |              | <i>9/11/00</i> |
| O.I.P.E. CLASSIFIER       |           | <i>61730</i> | <i>9-28-00</i> |
| FORMALITY REVIEW          | <i>DS</i> |              |                |
| RESPONSE FORMALITY REVIEW |           |              |                |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim          | Date    |
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| Final Original |         |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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